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FILED

Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 223551

(3)

1. Corporation Name

ACCREDITED BOND AGENCIES, INC

Principal Place of Business:

818 S ORANGE AVE
ORLANDO FL 32806
US

Mailing Address:

PO BOX 568529
ORLANDO FL 32856-8529
US



3. Date Incorporated or Qualified

05/11/1959

3a. Date of Last Report

01/31/1996

4. FEI Number

59-0868428

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

9. Name and Address of Current Registered Agent

SNOW, DEBORAH A
818 S ORANGE AVE
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
JALLAD, L S
STREET ADDRESS
649 OAK HOLLOW WAY
CITY- ST- ZIP
ALTAMONTE SPR FL

TITLE ☐ DELETE

NAME
JALLAD, JONNY
STREET ADDRESS
649 OAK HOLLOW WAY
CITY- ST- ZIP
ALTAMONTE SPRINGS FL

TITLE ☐ DELETE

NAME
ROBINSON, R. K
STREET ADDRESS
13819 DORNOCH DRIVE
CITY- ST- ZIP
ORLANDO FL

TITLE ☐ DELETE

NAME
SNOW, DEBORAH A
STREET ADDRESS
645 OAK HOLLOW WAY
CITY- ST- ZIP
ALTAMONTE SPR FL

TITLE ☐ DELETE

NAME
JALLAD, SHARON S.
STREET ADDRESS
649 OAK HOLLOW WAY
CITY- ST- ZIP
ALTAMONTE SPR FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

32714

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

32714

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

32828

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

32714

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

32714

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Deborah A Snow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH A Snow President

Date

Daytime Phone #

407 841-8500

CR2E034 (9/96)